STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155759	A. BUILDING 01 B. WING	05/18/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLEN OAKS HEALTH CAMPUS	601 WEST COUNTY ROAD 200 SOUTH NEW CASTLE, IN47362

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0000	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 05/18/11 Facility Number: 011187 Provider Number: 155759 AIM Number: 200838150 Surveyor: Mark Bugni, Life Safety Code Specialist At this Life Safety Code survey, Glen Oaks Health Campus was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 18, New Health Care Occupancies and 410 IAC 16.2. This one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and all resident rooms. The facility has a capacity of 108 and had a census of 91 at	K0000	Submission of this plan of correction does not constitute an admission by Glen Oaks Health Campus of any wrong-doing or failure to comply with Federal or State regulations. Moreover, the allegations contained in this statement of deficiencies are not a true or accurate portrayal of the provision of nursing care or the services of this facility. The provider wishes this plan of correction be considered as our allegation of compliance.The provider respectfully requests a desk review with paper compliance be considered in establishing the provider is in substantial compliance	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	the time of this visit. Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 05/19/11. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following			
K0144 SS=F	Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators was equipped with a remote manual stop located in a remote location. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level I installations shall have a remote manual stop station of a type similar to a break-glass station located outside the room housing the prime mover. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas	K0144	Describe what the facility did to correct the deficient practice for each client cited in the deficiency. The facility equipped the emergency generator with a remote manual stop located in a remote location on 5/27/2011.Describe how the facility reviewed all clients in the facility that could be affected by the same deficient practice, and state, what actions the facility took to correct the deficient practice for any client the facility identified as being affected. All clients in the facility may be affected by the same alleged deficient practice.Describe the steps or systemic changes the facility has made or will make to ensure that the deficient practice does not recur , including any in-services, but this also should	05/27/2011

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	Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for shutting down the engine at the engine and from a remote location. This deficient practice could affect all residents. Findings include: Based on observation on 05/18/11 at 11:50 a.m. with the director of maintenance, the emergency generator set had an emergency manual stop switch mounted directly on the emergency generator set above the gauge panel and not in a remote location. This was verified by the director of maintenance at the time of observation. 3-1.19(b)		include any system changes you made. The facility equipped the emergency generator with a remote manual stop located in a remote location on 5/27/2011.Describe how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.The Director of Plant Operations conducts periodic tests of the emergency generator. Operation of the remote manual stop will occur during the periodic test.	